

# Treating minoritized youth with Cannabis use disorder in the era of legalization: Perspectives on underserved populations

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# Disclosure Information

- ◆ Presenter 1: Amy Gajaria, MD, FRCPC
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- ◆ Presenter 2: Benn Brisland, MSW

# Learning Objectives (Suggested)

- ◆ To gain a better understanding of the challenges in serving racialized and gender diverse youth with substance use disorders
- ◆ To revise the case from the perspective of underserved youth
- ◆ To reflect, learn, and be okay with discomfort!

# Introductions!

## Amy Gajaria



Psychiatrist, Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY) and Northern Outreach Program, Centre for Addiction and Mental Health  
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## Benn Brisland



◆ Social Worker, Gender Identity Clinic, Centre for Addiction and Mental Health

# Overview

- ◆ A rapid introduction to best principles in working with underserved youth with substance use disorders
- ◆ The case – again!
- ◆ Discussion in small groups
- ◆ Large group debrief

# Addictions and Racialized Youth

- ◆ The War on Drugs (The War on Drug Users?)
  - ◆ In 1998 White people comprised 72% of people who used drugs in the US
  - ◆ In 1996, 62.6% of drug offenders in US state prisons were Black



Moore LD, Elkavich A. Who's Using and Who's Doing Time: Incarceration, the War on Drugs, and Public Health. Am J Public Health. 2008 May;98(5):782-6.

# Addictions and Racialized Youth

- ◆ Annually the Canadian government spends 2.3 billion dollars on drug related enforcement
- ◆ From 2003-2013 34% of people arrested for cannabis possession in Toronto were Black (8% of population)
- ◆ Black people with no previous criminal convictions were 3x more likely to be arrested by Toronto police for possession of small amounts of cannabis

Khenti A. The Canadian war on drugs: Structural violence and unequal treatment of Black Canadians. *Int J Drug Policy*. 2014 Mar 1;25(2):190-5.



# Addictions and Racialized Youth

- 2017 SAMHSA data – rates of drug use comparable between Black & white populations
- Access to care and rates of completion of care are not comparable
- Factors associated with substance use treatment completion: being white, higher SES, alcohol as drug of choice
- Race as a determinant persists after controlling for SES & drug of choice



Mennis, J., & Stahler, G. J. (2016). Racial and ethnic disparities in outpatient substance use disorder treatment episode completion for different substances. *Journal of substance abuse treatment*, 63, 25-33.



# Addictions and Racialized Youth

- Black & Hispanic youth less with opiate use disorder less likely to receive opiate agonist treatment
- Black, Hispanic, and lower income populations less likely to be prescribed Suboxone in comparison to methadone
- Receipt of past-year treatment for youth with substance use disorders in general very low, lowest for Black and Hispanic adolescents
- Completion rates in treatment also lowest for Black & Hispanic youth



Hadland SE, Wharam JF, Schuster MA, Zhang F, Samet JH, Laroche MR. Trends in Receipt of Buprenorphine and Naltrexone for Opioid Use Disorder Among Adolescents and Young Adults, 2001-2014. *JAMA Pediatr.* 2017 Aug 1;171(8):747-755.

# Working with racialized youth who use substances

- Be aware and mindful of structural racism
- Be willing to talk about and address racism with clients, don't use a "colour blind" approach
- Be open and acknowledge challenges in treatment settings while maintaining hope
- Think about why youth might use substances, particularly youth with multiple structural barriers to accessing safe and supportive addictions care

# Working with racialized youth who use substances

- Radical genuineness, warmth, flexibility, but with boundaries
- Motivational interviewing and harm reduction approaches (different cannabis strains, reducing driving risk)
- Attention to the social determinants of health
- Willingness to work with community, family, non-formal sources of support
- Diversity in care providers and peer support – For us, By us
- FOOD

# Addictions and Gender Diverse Youth

- ◆ Survey findings indicate that transgender and gender-diverse youth are more likely to engage in problem drinking and drug behaviors than cisgender peers
- ◆ In a study of Boston-area high school students, TGD youth reported significantly elevated rates of cannabis use in comparison to their cisgender peers.
- ◆ found that differences in some substance use behaviors (current drinking, current binge drinking, and current marijuana use) between transgender and cisgender students were wider in earlier grades and narrowed in

later  
grades

(Day et al., 2017; De Pedro et al., 2017; Reisner, Vettes, et al., 2015.

Fuxman, S., Valenti, M., Kessel Schneider, S., O'Brien, K. H. M., & O'Donnell, L. (2021). Substance use among transgender and cisgender high school students. *Journal of LGBT Youth*, 18(1), 40–59.



# Meyer's Minority Stress Theory

Meyer's minority stress model conceptualizes the way that the social stress specific to LGBTQ people negatively impacts their mental health (Meyer, 2003). Meyer's model describes multiple ways in which LGB people might experience minority stress.

Distal or external stressors  
direct experiences of discrimination, rejection, or violence related to one's identity.

Proximal or internal stressors.  
fear of further victimization or discrimination and mistrust of others, internalized negative beliefs about one's identity (internalized homophobia), and the stress of concealing one's identity.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697.

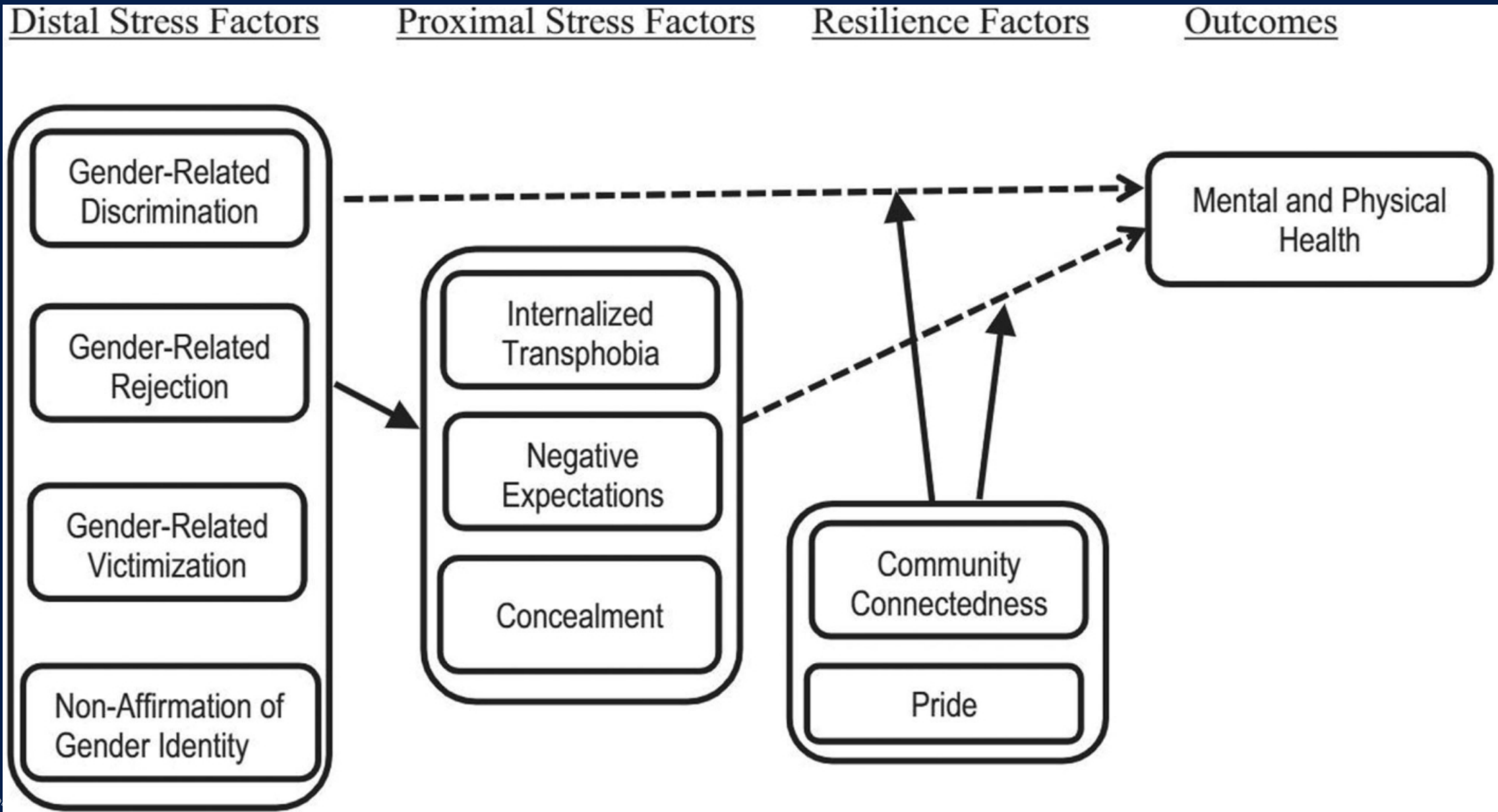


# Minority Stress Theory

1. Experiencing stressful external and objective events (i.e., prejudice)
  1. The anticipation of stressful events (i.e., hypervigilance)
  2. Internalization of negative societal attitudes and prejudice events (i.e., internalized transphobia)
    1. Hiding parts of identity

Budge,, Sinnard, & Hoyt, 2021.





# Working with TGD youth who use substances

- ◆ Substance abuse treatment requires tailored prevention and intervention efforts that target the unique issues faced by transgender youth.
- ◆ Treatment for substance use disorders need to be informed by input from the diverse LGBTQ communities they serve.
  - ◆ Allows treatment to address unique as well as common challenges, and through ongoing dialogue, the distinctive needs of these vulnerable groups can be made more visible making programmatic and policy efforts more likely to succeed in achieving healthier outcomes.



# Working with TGD youth who use substances

- ◆ Acknowledging the role that oppression and minority stress have impacted their lives and coping strategies.
- ◆ Ensuring that treatment materials use inclusive language (e.g. diverse pronouns), examples that are reflective of TGD youth experiences
- ◆ Be willing to reflect on your own biases
- ◆ Prioritize the safety and privacy of the youth who may/may not be out to family or community
- ◆ Be accessible to TGD youth who do not live in urban centres
- ◆ Diversity in care providers, youth should be able to see their identities reflected in those facilitating programs wherever possible.

# Case Discussion - Redo

- ◆ AB is 17 yo, referred by Family Physician to consult for daily cannabis use.
- ◆ Cannabis Use: Initiated at 14 yo, became daily user since 16 yo, 2-3 gr,
- ◆ 22% THC and Tobacco, in a bong, throughout the day.
- ◆ Purchasing in a local dispensary with a fake ID.
- ◆ No other substance use was reported.
- ◆ Medical Hx: Non- significant.
- ◆ Mental Health Hx: Depression, ADHD.
- ◆ No medications.

# Case Discussion - Redo

- ◆ Albert is a 17-year-old Jamaican Canadian adolescent who self-referred to your clinic. He had heard about it through a friend who told them “that place isn’t so bad.” He tried to call the central intake line to say he wanted help but was told the program wasn’t right for him. His mother knew the program’s intake worker, so spoke to her, and the team set up a meeting by phone with Albert and helped him navigate the intake process.
- ◆ Albert tells you he has been smoking cannabis since the age of 14. He used to love playing sports at a high level but stopped during the pandemic. He was bored so started smoking daily. He has recently been smoking cannabis and tobacco together and no longer seems interested in the things he used to. He used to love school but found when he got to high school teachers were treating him differently. His teachers have complained that he is defiant and oppositional in the classroom and have threatened him with suspension. Albert has been using higher concentration THC and has been looking into getting high potency cannabis cartridges

# Discussion and Reflection Questions -Albert

- Albert's journey to care is very different from AB's. How do you think this affects his mental health and trajectory of care?
- Why do you think Albert's pathway to care was different?
- What do you notice about the use of informal pathways and how might this affect youth accessing and receiving addictions care?
- What is happening in the school and why might teachers be reacting to Albert in this way?

# Case Discussion – Albert

- ◆ You see Albert in your office. He seems uneasy and not particularly forthcoming. At the end of the session, he tells you he isn't sure about coming back to see you again. You usually find that youth like seeing you, so you're not sure what happened. You asked your team who share with you that Albert has been profiled on multiple occasions by police and noticed that there were police cars nearby the hospital escorting patients to the emergency department. He is worried that police will hassle him when he's coming to appointments.

# Discussion and Reflection Questions -Albert

- How might you make sure your treatment settings are safe for racialized youth who might have had negative encounters with police?
- What are some other considerations when providing culturally sensitive care to racialized youth? What should you keep in mind / how should you adapt your care?
- What could you do next to change your approach and/or treatment setting?

# Case Discussion –Group Debrief



Thank You!





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